

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Infocision			Date M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2012		
Mailing Address 325 Springside Dr.			Amount 20000.00		
City Akron State OH Zip Code 44333		Transaction ID : SE.4292			
Purpose of Expenditure IE-Stenberg-Survey Calls		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: NE District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: DON STENBERG			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 559905.05			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee Printing Express			Date M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2012		
Mailing Address PO Box 1975			Amount 14579.51		
City Harrisonburg State VA Zip Code 22801		Transaction ID : SE.4288			
Purpose of Expenditure IE-Stenberg-Direct Mail		Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: NE District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: DON STENBERG			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 833924.56			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			34579.51		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;"> Lisa Lisker [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2012 </p> <p>Signature _____</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

SENATE CONSERVATIVES FUND

FEC IDENTIFICATION NUMBER ▼

C

C00448696

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Red Sea LLC

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 4550 Montgomery Ave.

Ste. 906

Amount

249440.00

City

Bethesda

State

MD

Zip Code

20814

Transaction ID : SE.4289

Purpose of Expenditure

IE-Stenberg-Media Buy

Category/
Type

004

Office Sought:

☐ House

State: NE

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

DON STENBERG

Calendar Year-To-Date Per Election
for Office Sought

833924.56

Disbursement For: ☒ Primary☐ General2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Red Sea LLC

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Mailing Address 4550 Montgomery Ave.

Ste. 906

Amount

10000.00

City

Bethesda

State

MD

Zip Code

20814

Transaction ID : SE.4290

Purpose of Expenditure

IE-Stenberg-Estimated Media Production

Category/
Type

004

Office Sought:

☐ House

State: NE

☒ Senate

District: 00

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

DON STENBERG

Calendar Year-To-Date Per Election
for Office Sought

833924.56

Disbursement For: ☒ Primary☐ General2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

259440.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

Signature

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(SCHEDULE E)

PAGE 3 OF 3
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NAME OF COMMITTEE (In Full) SENATE CONSERVATIVES FUND		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee SENATE CONSERVATIVES FUND		Date M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012	
Mailing Address 228 S. WASHINGTON ST., STE. 115		Amount 1506.35	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.4291
Purpose of Expenditure IE-Stenberg-Online Processing		Category/Type 003	
Name of Federal Candidate Supported or Opposed by Expenditure: DON STENBERG		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	
Calendar Year-To-Date Per Election for Office Sought 539905.05		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Mailing Address		Date M M M / D D D / Y Y Y Y Y Y	
City		Amount	
State		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Zip Code		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure		Category/Type	
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1506.35	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		295525.86	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;"> <i>Lisa Lisker</i> Signature [Electronically Filed] Date 05 / 02 / 2012 </p>			